

66/08/99
 06/08/99
 15670 U.S. PTO

Please type a plus sign (+) inside this

PTO/SB/05 (12/97)
 Approved for through 09/30/00. OMB 0651-0032

Patent and Trademark Office: DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	16296.705	Total Pages	46
	First Named Inventor or Application Identifier			
	Paul Berkowitz			
	Express Mail Label No.	EL322090955US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>35</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.152) [Total Sheets <u>7</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identify of above copies 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure [] Copies of IDS Statement (IDS)PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Small Entity [] Statement filed in prior application, Statement(s) [] Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/____

16. CORRESPONDING ADDRESS

<input type="checkbox"/> Customer Number of Bar Code Label	021971	or <input checked="" type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
NAME	George A. Willman		
ADDRESS	WILSON SONSINI GOODRICH & ROSATI 650 Page Mill Road		
CITY	Palo Alto	STATE	California
ZIP CODE	94304-1050		
COUNTRY	USA	TELEPHONE	(650) 493-9300
FAX	(650) 845-5000		

SUBMITTED BY

Typed or

Printed Name

George A. Willman

Signature

George A. Willman

Reg. Number 41,378

Date June 8, 1999